

## Dr. Iliff's 2019 Newsletter/Rant

**What's New for 2019:** It looks like Techies are going to keep coming up with new, different, and exciting wearable devices to detect motion, sleep, exercise, arrhythmias, blood pressure, hydration, fat content, and calories consumed. Sometimes you will find this information interesting, and sometimes I might find it useful. Once upon a time I had to draw an arterial blood gas from a tiny artery with a heparinized glass syringe and send it quickly to a lab on ice to know your blood oxygen level. Now you stick your finger in a plastic clip which costs \$15 delivered from Amazon, and get the result immediately. ***What would I most value? A device which would monitor your blood pressure continuously and send a summary to the Cloud for downloading.*** Most of the other bells and whistles are going to give you non-actionable and quasi-motivational information. What you want is something to make you stop eating when you are no longer hungry, and get off your rear for a brisk walk. We're not there yet!

**My Medicare Patients:** As all of you know, I have been "opted out" of Medicare for over 20 years. As a result, you have to pay a discounted cash price to see me, which is not an ideal situation from a financial standpoint for either party— although it has spared our one-horse office a whole lot of headaches from the government's many attempts to "help" us in the practice of medicine. Not participating has given me the freedom to adopt good practices, and ignore bad ones. However, I have not been aware of heavy-handedness from Medicare for some time, and so I recently applied to "opt in". ***This will not surprise you: following the instructions from their last letter in January of 2017, I submitted my request. Oops! The details of their instructions were incorrect, and I was 15 days late. They acknowledged their mistake, but did not have the authority to overrule the rule. Doesn't that sound like what we would expect from the federal bureaucracy?*** Anyway, I have appealed, and we'll see. Worst case is that I would have to wait until October of 2020.

**The Usual Disclaimer:** No, I'm not thinking of retiring. As long as I can avoid mirrors, I feel as well as I did when I left the Army for Topeka in 1980. I love my staff, I love my patients, and there is nothing I would rather do with my time from Monday through Friday than show up for work. Maybe I shouldn't even call it work. As the armchair philosopher said, "If you love what you do you don't have to work a day in your life." ***Thanks for making my practice so enjoyable.***

**Are We Taking New Patients?** We've never stopped. We've never advertised, and the hospitals constantly recruit patients for their captive panels of doctors, while everything with our practice is word-of-mouth. The result? We've stayed comfortably busy for 32 years, always able to see you today, if necessary. Looking back, it's kind of a miracle, really. ***Has Jesus just been controlling the flow? Wouldn't surprise me.*** Anyway, if you know someone with Blue Cross insurance who is under 60 years of age, we're still open for business-- even if it's your crazy Uncle Charley. Jackie's real good with crazy uncles.

**Referral Patterns:** The Wall Street Journal recently published an "expose" about the way hospitals try to direct referrals away from competitors. I have mixed emotions. On the one hand, I am one of the few Topeka physicians not "owned" by St. Francis or Stormont, so neither can pull my strings, and I can always choose the best option for my patients. On the other hand, we all have an interest in keeping our hospitals healthy financially, so I am not prone to seek referrals from Lawrence, Wichita, or Kansas City. There have been a few physicians I haven't trusted over my 38 years in this excellent medical community, and of course I wouldn't send anyone to one of those. ***Beyond that, it is often a matter of how quickly you can be seen, how efficiently a department schedules procedures, or which facility your insurance allows us to use. General rule: we will always favor places that actually answer the phone with a real person, like we do. We all hate phone trees and message machines.***

**New Exercise Guidelines:** Many of you are tired of hearing me preach on this. You're excused. For everyone else, it's ***30-60 minutes of moderate exercise, or 15-30 minutes of vigorous exercise (sweating, breathing hard, can't talk more than a few words) 5 days a week, plus strength training 2 days a week.*** Something is better than nothing; you've got to start somewhere. The most effective devices exercise both upper and lower body at the same time— rowing, ski exercisers, ellipticals and stationary bikes which use your arms. ***However, the sidewalk is just outside and free, and the dog needs exercise too, so what's the problem?*** You're always welcome at the Iliff Commons, where you can do the mile walk test (see my website; directions on a sign at the starting line) or just walk the prairie and woods for pleasure. ***Old people like me need balance training, too—*** a walk in the woods takes care of that. But try standing on one foot, maybe taking off your pants or socks without sitting down. Every little bit helps.

**23 1/2 Hours:** Go to [doctoriliff.com](http://doctoriliff.com), and at the bottom of the page you'll see **PLEASE WATCH NOW!!!** in red letters. Follow those instructions carefully. Once you've mastered the secret instructions included in that decoded message, Google **The Simple 7**. Then take the assessment. You've already mastered one of the 7-- the most important-- after putting 23 1/2 hours into practice. Only 6 more to go!

**Germophobes, Beware:** There are more bacteria ON your body, right now, than you have cells IN your body. Hand sanitizers don't sterilize. Air dryers for your hands blast germs around the restroom. Blowing out birthday candles sends 37,000 bacteria into the icing. I could go on, but I'm just going to gross you out, and it doesn't matter anyway. We can't escape viruses and bacteria, and if we could, we'd be less healthy by weakening our immune systems. Wash your hands before you eat, brush your teeth, and get every immunization you can, including flu shots every year. ***Buy your kid a dog, and let her play in the dirt.*** How many germs do I run into every day? I haven't missed a day of work because of illness in a quarter century or more. I kid you not.

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**Parenting Styles:** I've written a lot over the years about how to raise children, and it has probably done about as much good as my lectures on diet, exercise, and smoking. All of these topics have thousands of books you could read, and most of them have some aspect of the truth. Modern parenting practices disturb me the most. So I'll summarize what I believe. You are the parent. You are the authority, and you need to teach that other adults are authorities, too—especially teachers. No adult is perfect, so when you screw up it's important to apologize. That's modeling mature behavior. *You need to be loving, and affirming, but you need to set rules and enforce them.* You need to control food intake and encourage exercise, and above all, these days, strictly enforce limits on social media. If there is one aspect of your child's external environment which you could control, it would be the peer group. If your kid continually chooses bad friends, change school and neighborhood. *That's hard, but not as hard as raising a future derelict.* Encourage self-control, starting in infancy: if the tummy is full and the bottom is dry, crying is aerobic exercise for babies. They will learn to self-soothe, and this will be a useful skill in adolescence. There you have it. Skip the parenting books, and go get 'em.

**Dementia Terrifies All Adults:** Good news is that its incidence is declining in the developed world, despite what you probably believe based on news coverage of the subject, and personal experiences of more than one acquaintance. There is no cure for Alzheimer's yet; the drugs are virtually worthless. *However, vascular dementia (clogging of brain arteries) is highly preventable by aggressive management of blood pressure, cholesterol, and diabetes, plus regular exercise and anti-inflammatory drugs like low-dose aspirin.* So stop worrying, and do something about it. *I can manage the medical aspects, but you need to take a hike.*

**Special Note About GoodRx:** Good Rx has been a godsend, but pharmacy chains are catching on. Dillons now has their own "club," as does Walgreens, and Sams/Walmart won't take GoodRx. Still doesn't hurt to look. Website outlines options for different places.

**More Bad News About Obesity and Perception:** In the past 3 decades, Americans have steadily gotten fatter. Over the same period, the number who are trying to lose weight has steadily dropped. The conclusion is that we are getting comfortable with being fat. In a vain attempt to counter this perception, I often drag out an old black-and-white picture of a KU class in the 1950s. The kids all look like models. *I've pretty much given up harassing my patients about gaining weight, except for my many diabetics, who are slightly more motivated as I threaten them with insulin in their future.* Anyway, research shows that if you have had to choose between being skinny or fit, **fit is more important.** So I won't stop urging you to take a hike. Come to the Iliff Commons, if you haven't already. The prairie, woods, and hills are four-season beautiful. Google Maps will get you there.

**The Case Against Sugar:** The only diet book I've ever recommended is **Gary Taubes' *Why We Get Fat***. Taubes is a journalist, not a scientist, but he's done his research, and he's right. Now he's got a new book out, ***The Case Against Sugar***, which will convince you that the problem with obesity and diabetes in this country is pretty simple: it's the carbs, baby, about 700 calories a day more than the 1950s, when I grew up. Yeah, I know, a K-State professor lost weight eating nothing but Twinkies as a lesson for his students. Yeah, I know, I'm a bad example, as anyone who knows me will testify. Hypocrisy notwithstanding, I exercise a lot, so as long as you're in great shape, you can do what I do. *Otherwise, sugar is poison. There, I just saved you \$26.95.*

**Two Easy Ways to Help Us Provide Better Care to YOU:** 1. Bring your medicine bottles to your appointment. 2. CALL for an appointment when your medicine has NO REFILLS, **and BEFORE YOU ARE DOWN TO TWO PILLS!** That keeps phone lines free and avoids the chance of inadvertent mistakes.

**Those Two Are Easy; NOW READ THIS:** My nurses, who know you well, spend an extraordinary time on the phone for an unnecessary administrative task that is really nobody's fault. It is caused by the automation of the pharmacy system, which often triggers requests for refills because you accidentally call in the OLD prescription number. *If you know that it isn't time for a visit with me, and the pharmacy says you're out of refills, ASK TO TALK TO A PHARMACIST. That's right-- a real, live person can straighten this out.*

**Heartburn:** I have information sheets with more information in the exam rooms, but here are the basics: 1. Don't eat after dinner, or within 2 hours of bedtime. 2. If that doesn't solve the problem, take an antacid at bedtime. 3. If you still suffer, buy a pair of GI bed blocks and put them under the head of the bed. 4. Next, try Zantac at bedtime. 5. Finally, Nexium.

**Pain Relief Without Narcotics:** Start with extended-release acetaminophen 650 mg (Tylenol Arthritis), 2 pills every 8 hours. Then, as long as you aren't diabetic or suffering kidney disease, add ibuprofen 200 mg (Advil), 3 pills every 8 hours. You can take both drugs at the same time. That will handle almost all acute and chronic pain. Next stop: tramadol 50 mg (prescription) every 8 hours.